



**Application for Certification as an Eligible Energy Resource Under the
Delaware Renewable Energy Portfolio Standard**

1. Name of Facility

Bobnick Residence

2. Facility Address

70 Chancellorsville Circle
Middletown, DE 19709

Is the facility located within the PJM control area?

☒ Yes

☐ No

If No, does the Facility have import capabilities¹?

☐ Yes

☐ No

3. Name of Owner

Phil & Sarah Bobnick

Mailing Address

70 Chancellorsville Circle
Middletown, DE 19709

Phone 253-222-3152 Fax _____

Email phil.sarah.bobnick@gmail.com

4. Name of Operator

Phil & Sarah Bobnick

Mailing Address

70 Chancellorsville Circle
Middletown, DE 19709

Phone 253-222-3152 Fax _____

Email phil.sarah.bobnick@gmail.com

¹ Documentation will be required to substantiate import capabilities into PJM

5. Name of Contact Person

Phil & Sarah Bobnick

Mailing Address

70 Chancellorsville Circle
Middletown, DE 19709

Phone 253-222-3152

Fax

Email phil.sarah.bobnick@gmail.com

6. Name of REC/SREC Owner

Phil & Sarah Bobnick

Mailing Address

70 Chancellorsville Circle
Middletown, DE 19709

Phone 253-222-3152

Fax

Email phil.sarah.bobnick@gmail.com

7. List all PJM-EIS GATS State Certification Numbers assigned to this facility:

8. Operational Characteristics:

Fuel Types Used (check all that apply):

- ☐ Gas combustion from the anaerobic digestion of organic material
- ☐ Geothermal
- ☐ Ocean, wave or tidal actions, currents, or thermal differences
- ☐ Qualified Biomassⁱ
- ☐ Qualified Fuel Cellsⁱⁱ
- ☐ Qualified Hydroelectricⁱⁱⁱ
- ☐ Qualified Methane Gas captured from a landfill gas recovery system^{iv}

☒ Solar

☐ Wind

If co-firing, provide the formula on file with PJM Environmental Information Services, Inc. (PJM-EIS) _____

Rated Capacity (in megawatts - DC) 0.009765

If multiple fuel types are utilized, attach the formula for computing the portion of output per fuel type by megawatts per hour generated.

Facility Final Approved Interconnection Date 3/22/19

If co-firing with fossil fuels, co-fire start date _____

If co-firing with fossil fuels, attach the allocation formula on file with PJM.

9. Is the Applicant's facility customer-sited generation^v?

☒ Yes

☐ No

Is the Applicant's facility a community owned generating facility^{vi}?

☐ Yes

☒ No

Can the output from the customer-sited generation be appropriately metered?

☒ Yes

☐ No

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?

☐ Yes*

☐ No

Company Name of Installer

Signature of Company Representative

Address

Print Name of Company Representative

Address

***If Yes, please attach the following documentation:**

- A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified
 - If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied
 - If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used

11. If the Applicant's installation is solar or wind sited in Delaware:

a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

☒ Yes*

☐ No

b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

☐ Yes*

☐ No

KW Solar Solutions

Company Name of Installer

Dale E. Wolf
Signature of Company Representative

100 E. Scotland Dr. Suite 105

Address

Dale E. Wolf
Print Name of Company Representative

Bear, DE 19701

Address

***If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.**

I, Dale E. Wolf (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: _____

Date: _____

Documentation Required for Delaware Labor/Workforce Bonus

11. If the Applicant's installation is solar or wind sited in Delaware:

- a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

If you answered yes to "a." above, complete the following as evidence.

The following individuals (list every employee) were employed by

KW Solar Solutions

Installation Company Name

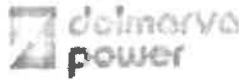
as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

Please complete the following information for all individuals listed above:

Name	Home Address City, State only (As per Tax Withholding)	Social Security Number (Last 2 digits only)
Dale Wolf	Elkton, MD	96
Rob McGinty	Middletown, DE	47
Brian Lankford	Rehoboth, DE	04
Bob Myers	Newark, DE	51

Total Delaware Resident Employees: 3 Total Number of Employees: 4

% of Delaware Residents (Delaware Residents Divided by Total Employees): 75%



an H&M Company

PART 2

DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection
(Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)
(Final Agreement – must be completed after installation and prior to interconnection)

Certificate of Completion¹¹

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: Phil Bobnick
Mailing Address: 70 Chancellorsville CTR
City: Middletown State: DE Zip Code: 19709
Telephone (Daytime): (253) 222-3152 (Evening): _____
Fax Number: _____ E-Mail Address: phil.larsh.bobnick@gmail.com

FACILITY INFORMATION

Facility Address: 70 Chancellorsville CTR
City: MIDDLETOWN State: DE Zip Code: 19709
DPL Account #: 50016159506 Meter #: IND340788821
Energy Source: Solar PV Prime Mover: Photovoltaics
Inverter Type: Forced Commutated ☐ Line Commutated ☒
Number of Inverters: 1
Inverter Manufacturer: SolarEdge Technologies Ltd. Model Number(s) of Inverter: SE7600 [240V]

Rating DC Generator Total¹² Nameplate Rating: 9.785 (kW),
AC Inverter Total¹³ Rating 7.625 (kW),
AC System Design Total Capacity¹⁴: 9.57 (kW) _____ (KVA)

Generator (or PV Panel) Manufacturer, Model #¹⁵: Q-Cell QPeak DUO BLK-G 5.1 315

¹¹ Information entered here on Certificate of Completion (Part 2) must match part 1

¹² Sum of all generators or PV Panels

¹³ Sum of all inverters

¹⁴ This will be your system design capacity based upon your unique system variables.

¹⁵ If more than one type, please list all manufactures and model numbers.

EQUIPMENT INSTALLATION CONTRACTOR Owner (Customer) Installed: ☐ Yes ☒ No

Contractor Name: KW Solar Solutions

Mailing Address: 94 Childs RD

City: Elkton

State: MD Zip Code: 21921

Telephone (Daytime): (302) 838-8400

(Evening): _____

Fax Number: (302) 281-6671

E-Mail Address: jackie@kwsolar.net

FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.

Signed _____

(Signature of interconnection customer)

Date 3-6-19

Printed Name: Phillip Bobnick, Sarah Bobnick

Check if copy of signed electric inspection form is attached ☒

ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only)

The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:

Electric Distribution Company waives Witness Test? (Initial) Yes (CP) No (_____)
If not waived, date of successful Witness Test: _____ Passed: (Initial) (_____)

EDC Signature: CHRIS PYLES Digitally signed by CHRIS PYLES
DN: cn=CHRIS PYLES, o=OW,
email=CHRISTOPHER.PYLES@EXELON.COM, c=US
Date: 2019.03.22 09:00:00 -04'00' Date: 03/22/2019

Printed Name: CHRIS PYLES Title: ASSOC ACCT REP



AMERICAN INSPECTION AGENCY, INC.

Approval is issued after completion of visual / final inspection in accordance with the National Electric Code (NFPA 70) applicable governmental, utility, and/or any state or local amendments thereto.

CERTIFICATE OF INSPECTION

Date: March 8, 2019

Owner: Phil & Sarah Bobnick

Occupant: Dwelling

Location: 70 Chancellorsville Circle, Middletown, De

Type of Occupancy: Solar

Installed By: KW Solar Solutions

Equipment: 9.765 KW Solar Assoc. Electric

This certificate applies to the electrical wiring to the electrical equipment listed above and/or on application along with the installation inspected as of the above noted date based on visual inspection. Should the electrical system to which this certificate applies be altered or changed in anyway, including but not limited to the introduction of additional electrical equipment and/or the replacement of the components installed as of the above noted date, this certificate shall be immediately null and void. This certificate applies only to the use, occupancy and ownership as indicated herein. Upon a change in the use, occupancy or ownership of the property indicated above, the certificate shall be immediately null and void. No warranty is expressed or implied as to the mechanical safety. This certificate shall be valid for a period of one year from the above noted date.